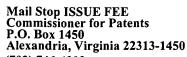
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(702) 746 4000

		,	or <u>j</u>		(703) 740-4000		
maintenance fee notificatio	ns.	in Block I, by (a	JE FEE and ders and not of specifying	PUBLIC ification a new co	ATION FEE (if reg of maintenance fees orrespondence addres	uired). Blocks 1 through 5 will be mailed to the currents; and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
A	CE ADDRESS (Note: Use Block 1 for 2590 06/01/2005	any change of address)	PE	2015	Note: A certificate of Fee(s) Transmittal. T papers. Each addition have its own certification.	of mailing can only be used this certificate cannot be used nal paper, such as an assignmate of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must
FULWIDER PA HOWARD HUGH 6060 CENTER DI TENTH FLOOR		· 1	Eb U S 500	5	C	ertificate of Mailing or Tran this Fee(s) Transmittal is bein with sufficient postage for fi ail Stop ISSUE FEE address PTO (703) 746-4000, on the	smission
LOS ANGELES,	CA 90045	17	a men		John V. H		(Depositor's name)
09/06/2005 SSITHIB2 0000		~	C THAN BY	•	On 1	H /	(Signature)
8½ FC:1584	1400.00 GP 300.00 GP				August 30	, 2008	(Date)
APPLICATION NO.	FILING DATE		FIRST NAME	D INVEN	ror	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/761,264	01/16/2001		Michael E.	Tompki	ns	BALIN-56314	9250
TITLE OF INVENTION: S 09/06/2005 SSITHIB2 0000 01 FC:8001 9.00	0081 09761264						
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	₽U	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	· \$1400	)	\$300		\$1700	09/01/2005
EXAM	MINER	ART UNIT		CL	ASS-SUBCLASS	]	
MEKY, MC	DUSTAFA M	2157			709-201000		
CFR 1.363).  Change of corresponded ress form PTO/SB/1  "Fee Address" indica	ee address or indication of "Fordence address (or Change of 22) attached.  tion (or "Fee Address" Indication more recent) attached. Use	Correspondence	(1) the nar or agents ( (2) the nar registered 2 registere	mes of upon of a sattorney ed patent	the patent front page, p to 3 registered pate natively, single firm (having as or agent) and the nate attorneys or agents. It be printed.	a member a mes of up to	ler Patton Utecht LLP
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN		clow, no assignee of this form is NOT	data will app Γ a substitute ) RESIDENC	ear on the for filing	•• /	,	locument has been filed for
Please check the appropriate	e assignee category or catego	ries (will not be pri	inted on the p	atent) :	☐ Individual 🚨 (	Corporation or other private gr	oup entity Government
Issue Fee	enclosed: small entity discount permitte f Copies3	ed)	A check in Payment	in the am by credit	ount of the fee(s) is e card. Form PTO-203 ereby authorized by the moder06-2425	38 is attached.	credit any overpayment, to
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	ant is no	longer claiming SM	ALL ENTITY status. See 37 C	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu Publication Fee (if required) vords of the United States Pate	ne Fee and Publicate vill not be accepted ent and Trademark	ion Fee (if an I from anyone Office.	y) or to r other th	e-apply any previous an the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or t	ation identified above. he assignee or other party in
Authorized Signature	Jorv. H				DateA	ugust 30, 2005	
Typed or printed name _	John V. Hanley	0		·	Registratio	n No	
Typed or printed name _	John V. Hanley			·	Registratio	n No. 38,171	

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		Application Numbe	r	09/761,264			
TRANSMITT	Filing Date		1/16/2001				
FORM	First Named Invent	or	Michael E. Tompkins				
SEP 0 2, 2005	Art Unit	_	2157				
(to be seed for all correspondence after	initial filing)	Examiner Name		Moustafa M. Meky			
Total Number of Pages in This Submission	1 3	Attorney Docket Nu	ımber	BALIN-56314			
ENCLOSURES (Check all that apply)							
Fee Transmittal Form    Drawing(s)		g-related Papers o Convert to a al Application Attorney, Revocation of Correspondence Add Disclaimer for Refund her of CD(s) Landscape Table on C	_	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Postcard; Issue Fee Transmittal			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name FULWIDER PATTON LEE & UTECHT, LLP							
Signature							
Printed name John V. Hanley							
Date 8/30/2005		Reg. No.	38,171				
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4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)

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1	_ : _ : _		`	Application Number	09/761,	264	
I FEE TRA	NSI	/H	AL	Filing Date	1/16/20	01	
for FY 2005		First Named Inventor	Michae	Michael E. Tompkins			
			Examiner Name	Mousta	Moustafa M. Meky		
Applicant claims small er	ntity status.	See 37 CFR	1.27	Art Unit	2157		
TOTAL AMOUNT OF PA	YMENT	(\$) \$	1,700.00	Attorney Docket No.	BALIN	-56314	
METHOD OF PAYMEN	T (check all	that apply)					
Check Credit C	ard $\Box$	Money Order	☐ Non	e Other (plea	se identify):		
Deposit Account Depos	sit Account	Number:	06-2425	Deposit Accou	unt Name:	Fulwide	r Patton et al.
For the above-identified d	eposit accour	nt, the Director	is hereby au	thorized to: (check all that	apply)		
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FEE CALCULATION		·····					
1. BASIC FILING, SEARC	H AND EXA	MINATION	FFFS	· · · · · ·			<u></u>
i. Broid Figure, Series	FILING F			CH FEES	EXAMINA	TION FEES	
İ		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	<del></del>	Fee (\$)	Fee (\$)	Fees Paid(\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
EXCESS CLAIM FEES     Fee Description     Each claim over 20 (including Each independent claim over Multiple dependent claims	•	•				Fee (\$) 50 200 360	<u>Small Entity</u> <u>Fee (\$)</u> 25 100 180
Manapie dependent oldino							Dependent Claims
Total Claims	Extra Claim		<del>-</del>	Fee Paid (\$)		<u>Fee (\$)</u>	Fee Paid (\$)
- 20 or HP = HP = highest number of total cl	aims paid for	X , if greater that	420.00	<b>=</b> \$0.00			
Indep. Claims	Extra Claim	. •		Fee Paid (\$)			
3 or HP =		_	\$200.00	= \$0.00			
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Total Sheets	Extra She			each additional 50 or fra		_	

SUBMITTED BY					
Signature	Jozv. H	Registration No. (Attorney/Agent)	38,171	Telephone	310-824-5555
Name (Print/Type)	7	John V. Hanley		Date	8/30/2005

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